

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

**33020
3953**

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Near Primary Registration District No. _____
City Passaic (No. 3041) Baltimore St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 3041 Baltimore St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P. Mundy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8-59
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. matron
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. union station
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Mo

13. NAME Franklin D. Gilbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galiet Ill
15. MAIDEN NAME Martha E. Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Ind

17. INFORMANT (ADDRESS) Birdie H. Dickson
3024 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Oct 7 1933

19. UNDERTAKER (ADDRESS) E. J. Lar Funeral Home
H. C. Mo

20. FILED Oct 7 1933 m m Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH Phues

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24 1933 to Oct 5 1933

First saw her alive on Oct 5 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Automototoxication Date of onset _____

81A
123D
Q2R
Other contributory causes of importance:
An Ascending Angiopathy

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) E. M. Perdue, M. D.
(Address) 31 and Main St.
Kansas City, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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